

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name

Stebbins v. Polano, et al

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature



Date

04/03/2023

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal.

Please state your issues on appeal. (*attach additional pages if necessary*)

First, the District Court erred in dismissing with prejudice my claim for intentional infliction of emotional distress.

Second, the intervenors should not have been allowed to intervene.

Third, the District Court abused its discretion when it considered my voluntary dismissal as a factor when granting the Motion to Intervene.

Fourth, the District Court erred in finding that the April 10, 2021 livestream lacked minimal creativity.

Fifth, the District Court erred when it found that the copyright registration failed under 17 USC § 411(b).

Sixth, the District Court erred when it found that the livestream was not one of human authorship.

Seventh, the District Court committed reversible error when it found that the § 512(f) claim failed to plead sufficient facts when it previously held that it had plead sufficient facts.

Eighth, leave to amend was improperly denied.

Lastly, the District Court abused its discretion when it denied my Motion for Sanctions.

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$	\$	\$
Self-Employment	\$ 32.35	\$	\$ 30	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$	\$
Interest and Dividends	\$ 0.00	\$	\$	\$
Gifts	\$ 0.00	\$	\$	\$
Alimony	\$ 0.00	\$	\$	\$
Child Support	\$ 0.00	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 941	\$	\$ 941	\$
Unemployment Payments	\$ 0.00	\$	\$	\$
Public-Assistance (such as welfare)	\$ 73	\$	\$ 73	\$
Other (specify) <input type="text"/>	\$	\$	\$	\$
TOTAL MONTHLY INCOME:	\$ 1046	\$	\$ 1046	\$

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2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
No employers in the past 2 years		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
No spouse		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
Arvest	Checking	\$ 466.90	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
No note-worthy assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Assets	Value
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
Gary Johnson (judgment proof; no income or assets; judgment is dormant)	\$ <input type="text" value="725.00"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
No dependents		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 400.00	\$
- Are real estate taxes included? <input checked="" type="radio"/> Yes <input type="radio"/> No		
- Is property insurance included? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 60.00	\$
Home maintenance (repairs and upkeep)	\$ 0.00	\$
Food	\$ 400	\$
Clothing	\$ 20	\$
Laundry and dry-cleaning	\$ 25	\$
Medical and dental expenses	\$ 0.00	\$
Transportation (not including motor vehicle payments)	\$ 0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 25	\$
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 0.00	\$
- Life	\$ 0.00	\$
- Health	\$ 0.00	\$
- Motor Vehicle	\$ 0.00	\$
- Other	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
Specify	\$ 0.00	\$

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	You	Spouse
Installment payments		
- Motor Vehicle	\$ 0.00	\$
- Credit Card (name)	\$ 0.00	\$
- Department Store (name)	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$
Other (specify)	\$ 0.00	\$
TOTAL MONTHLY EXPENSES	\$ 930	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? ☐ Yes ☒ No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence.

City **Harrison** State **AR**

Your daytime phone number (ex., 415-355-8000) **870-204-6516**

Your age **34** Your years of schooling **~14**